

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | | | |
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| 5 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 15 | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 16 | 6 | | — | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL DEP. | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | | | | | | | | | | | | |